DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

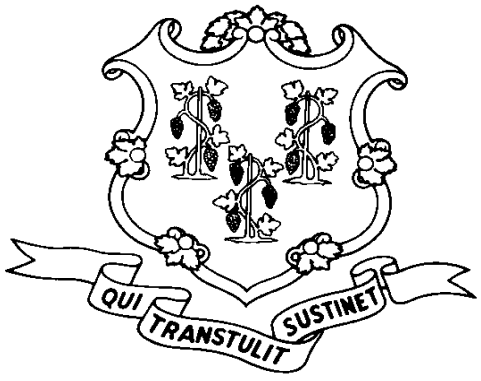
SUBSTANCE ABUSE PREVENTION AND TREATMENT

BLOCK GRANT

ALLOCATION PLAN

FEDERAL FISCAL YEAR 2011

August 2010



STATE OF CONNECTICUT

SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT FFY 2011 ALLOCATION PLAN

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I. Overview of the Substance Abuse Block Grant

A. Purpose

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is administered by the United States Department of Health and Human Services through its administrative agency, the Substance Abuse and Mental Health Services Administration. The Connecticut Department of Mental Health and Addiction Services (DMHAS) is designated as the principal state agency for the allocation and administration of the Block Grant within the State of Connecticut.

The SAPT Block Grant provides grants to states to plan, establish, maintain, coordinate and evaluate projects for the development of effective alcohol, tobacco and other drug abuse prevention, treatment and rehabilitation services. Funds can be used for alcohol and other drug abuse prevention and treatment programs, and services for identifiable populations, which are currently underserved and in the greatest need.

B. Major Use of Funds

Services provided through this Block Grant include the major categories of:

Community Treatment, Residential and Recovery Support Services	Substance abuse treatment, rehabilitation and recovery supports provide a range of services designed to meet the client's individual needs. Services provided through the SAPT Block Grant include residential detoxification, intensive, intermediate and long-term residential care, outpatient treatment, ambulatory detoxification and opioid replacement therapy. A variety of community support services are also funded such as case management, vocational rehabilitation, transportation, and outreach to specific populations in need of treatment.
Prevention and Health Promotion Services	Funds are applied to effective, programs and strategies serving the needs of diverse populations with different levels of risk for developing substance abuse problems, according to National Institute of Medicine classifications adapted by the Center for Substance Abuse Prevention. They include **Universal** services targeted to the general public; **Selective** services addressing individuals or a population subgroup at risk of developing substance abuse; and **Indicated** services addressing individuals in high-risk environments, with predisposition for substance abuse.

C. Federal Allotment Process

The allotment of the SAPT Block Grant to states is determined by three factors: the Population at Risk, the Cost of Services Index, and the Fiscal Capacity Index. The Population at Risk represents the relative risk of substance abuse problems in a state. The Cost of Services Index represents the relative cost of providing substance abuse prevention and treatment services in a state. The Fiscal Capacity Index represents the relative ability of the state to pay for substance abuse related services. The product of these factors establishes the need for a given state.

D. Estimated Federal Funding

The proposed FFY 2011 SAPT Allocation Plan is based on estimated federal funding of $17,071,088 and may be subject to change when the final federal appropriation is authorized.

E. Estimated Expenditure and Proposed Allocations

Total SAPT Block Grant funds available for FFY 2011 are $19,073,929 including the federal allotment of $17,071,088, plus FFY 2010 carryover of $2,002,841. The FFY 2011 SAPT Block Grant Allocation Plan for Connecticut is based on estimated federal funding of $17,071,088 and may be subject to change when the final federal appropriation is authorized.

DMHAS estimates that all FFY 2011 Block Grant funding, including any carryover from FFY 2010, will be fully committed and expended within the federally required time frame of two years. Regarding proposed allocations for FFY 2011, the plan outlines DMHAS' proposal to spend the total funds available. Any changes within program service categories have been made to ensure continued adherence to federal set-aside requirements.

F. Proposed Allocation Changes From Last Year

The SAPT Block Grant funding level is expected to remain stable for the FFY 2011 appropriation. Thus, Connecticut's allocation is expected to be $17,071,088. Proposed expenditures for FFY 2011 will be $19,073,929. The difference is expected to be funded by carry forward dollars.

The entire Block Grant expenditure plan is intended to maintain the overall capacity of the full substance abuse service system. Consistent emphasis is placed on outreach and identification of services for women, Latinos/as and persons with co-occurring disorders, more combinations of treatment with recovery supports and housing services, and a continued emphasis on prevention and health promotion. The overall allocation initiatives are consistent with the findings from a variety of needs assessments and related data sources that DMHAS has generated over the last few years.

G. Contingency Plan

This allocation plan was prepared under the assumption that the FFY 2011 Block Grant for Connecticut will be funded at the level of $17,071,088. In the event that anticipated funding is reduced, DMHAS will review the performance of programs in terms of their utilization, quality and efficiency. Based on this review, reductions in the allocation would be assessed to prioritize those programs deemed most critical to public health and safety.

Any increase in Block Grant funding will ensure that the current level of obligations can be maintained. Currently, DMHAS' obligations depend, in part, on funding carried forward from previous years. Therefore, any funding increase will first be reviewed in light of sustaining the level of services currently procured via the annual, ongoing award. Second, if the increase is significant and allowed for expansion of DMHAS' service capacity, the department will review the unmet needs for substance abuse prevention and treatment services identified through its planning process and prioritize the allocation of additional Block Grant resources.

H. State Allocation Planning Process

Various methods to determine the deployment of substance abuse services have been used or are being developed, including: 1) a survey of key informants, 2) statewide school surveys on the

prevalence of alcohol and other drug use by students, 3) development of synthetic estimates extrapolated from other valid primary surveys or other analytic methods, 4) substance abuse treatment and prevention needs assessments, 5) analysis of service data from DMHAS' management information system, and 6) input from regional and statewide advisory bodies.

Assessment of Prevention and Treatment Need

DMHAS, currently and in the past, has been successful in receiving federal funding for studies to determine the need for substance abuse prevention and treatment services in the state. This collective body of information has included school surveys, a youth-at-risk study, study of adult and juvenile arrestees, a study of the welfare population, an analysis of social indicators, and a community resource assessment. These studies have resulted in a body of data, which has informed DMHAS and policymakers regarding the need for services.

Prevention

State Epidemiological Workgroup (SEW)

To facilitate the use of data in prevention decision-making, DMHAS received funding from the federal Center for Substance Abuse Prevention's (CSAP) Strategic Prevention Framework (SPF) State Incentive Grant (SIG). As part of that initiative, DMHAS has established a State Epidemiological Workgroup (SEW) to assist in the analysis of various data related to alcohol and other drug use and consequences, and application of that data to setting prevention priorities. Relevant data was organized into tables showing the overarching construct, its indicator, source, years available, magnitude, and comparisons to direction of any trends and relative risks related to substance misuse and abuse. The size or magnitude of the problem was analyzed based on the estimated number affected and rate within the population. This collection, review and ranking of the data led to the development of substance use profiles and the identification of alcohol as the State's priority problem. In 2006, funding was allocated to help communities build the prevention capacity and infrastructure necessary to implement and sustain effective prevention policies, practices, and programs to address the identified need. In 2009, the previous state substance use profiles were updated to reflect current substance use patterns and areas of emerging importance.

Prevention Services Analysis

DMHAS continues to use CSAP's Minimum Data Set (MDS), which allows prevention service and target population data to be analyzed for prevention programming, resource allocation, process evaluation, and data sharing. The MDS is also used to identify and plan for target populations, underutilized strategies, and distribution of prevention programs.

Prevention Data Infrastructure

With the implementation of the Strategic Prevention Framework, DMHAS has begun to operationalize the CSAP's belief that "the success of state and community alcohol and other drugs prevention efforts lies, in part, in the effective use of data to identify needs and to plan for and monitor the effectiveness of prevention strategies."

SAPT Block Grant funding combined with other funding from CSAP has given DMHAS the opportunity to significantly improve its Prevention Data Infrastructure (PDI). This in turn has supported the development of effective strategies, programs, and practices. By enhancing its

PDI, the department has positioned itself to collect, analyze, and use data in three important ways, including:

1. Data for strategic planning including state and community needs and resource data, data on funded prevention programs and practices, and National and State Outcome Measures;
2. Data for day-to-day quality management of specific funded programs and practices, including adherence to prevention operating standards and outcome information about program effectiveness; and
3. Data designed as information "packages" to promote and advance prevention.

Most importantly, all of the information produced by the PDI can be used at state and community levels to facilitate the delivery of appropriate, timely, and effective strategies, practices, and programs.

Treatment

DMHAS utilizes both internal and external sources to assess the need, demand, and access to substance abuse treatment services. Nationally, such sources as the National Drug Intelligence Center's ***Changes in Drug Production, Trafficking, and Abuse*** and the FBI's ***Uniform Crime Report*** provide law enforcement information regarding trends on availability and consequences of alcohol and illicit drugs alcohol within Connecticut communities and emerging areas of concern across the state. Another very important source is SAMHSA's ***National Survey on Drug Abuse and Health*** (NSDUH).

The NSDUH is a longstanding (since 1971), annual survey of persons 12 and older in the United States. The NSDUH provides rates of alcohol and other drug use as well as the need for treatment (substance abuse/dependence). Previous to 2005, the NSDUH reported only national statistics but since then SAMHSA has published state and sub-state (regional) estimates. DMHAS routinely reviews the NSDUH findings, incorporating that information with other needs assessment data, as part of its ongoing assessment of Connecticut's addiction service system. Connecticut's current rate of treatment need (abuse or dependence) from the most recent (average of 2006 & 2007 survey results) NSDUH is 9.8% for the state's adult (18 and older) population. Other areas of concern which DMHAS is tracking closely include non-medical use of pain relievers (12.2% of 18-25 year-olds), underage drinking (32.8% of 12-20 year-olds) and binge drinking (23.4% of 12-20 year-olds) particularly for young adults.

Over the years, DMHAS along with its Academic Partnership (Yale University and the University of Connecticut Health Center) has conducted various needs assessment studies within Connecticut. These have included telephone household surveys and in-person interviews. The latter has focused on populations of importance such as welfare (Temporary Assistance to Families and General Assistance) recipients and persons involved within the criminal justice system. For instance, in 2004 Yale University conducted face-to-face interviews with adult probationers in Connecticut's three largest urban settings (Bridgeport, Hartford, and New Haven). Urine toxicology testing was also done in order to assess the reliability of self-reported drug use. Findings included the rates of substance use disorders, co-occurring conditions (psychiatric, medical, AIDS) and access to substance abuse treatment. From that study it is estimated that 48% of all adult probationers are in need of substance abuse treatment.

DMHAS also conducts ongoing analysis of the treatment system through its internal information system known as SATIS (Substance Abuse Treatment Information System). SATIS contains information on all licensed and state operated addiction services providers within the state. Client data obtained both at admission and discharge is analyzed to determine shifts in drug abuse patterns by demographics and geographic areas, client outcomes, and service system performance.

Regional Planning Process

The Department of Mental Health and Addiction Services is committed to supporting a comprehensive, unified planning process across DMHAS operated and funded mental health and addiction services at local, regional and state levels. The purpose of this planning process is to develop an integrated and ongoing method to: 1) determine unmet mental health and substance abuse treatment and prevention needs; 2) gain broad stakeholder input on service priorities and needs, including persons in recovery, consumers, advocates, family members, providers and others; and 3) monitor ongoing efforts that result in better decision-making, service delivery, and policymaking.

In December 2001, DMHAS launched its priority setting initiative designed to engage and draw upon the existing and extensive planning, advisory, and advocacy structures across the state. Fundamental to this process are Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs) statutorily charged to determine local and regional needs and service gaps. Both of these entities, working collaboratively, facilitate a process in each of the five DMHAS service regions to assess the priority unmet service and recovery support needs across the mental health and addiction service systems. Since 2001, DMHAS has conducted its priority setting process five times (in even numbered years), the most recent being spring 2010. RMHBs and RACs provide "updates" in the intervening years to inform DMHAS of progress made in addressing the identified unmet needs and to alert the department to any emerging issues.

In the 2004 priority process, a key informant mail questionnaire was added to the qualitative (focus groups, personal interviews, etc.) process. This was revised in 2008 for Web-base application and further enhanced in 2010 for statewide administration. Key informant constituency groups participating in the survey included consumers and persons in recovery, family members, providers, referral agencies (shelters, criminal justice officials, etc.), and local professionals (e.g. social workers). Additionally, the RACs and RMHBs have utilized DMHAS service data, local analysis of unmet need (e.g. United Ways), and other planning documents as part of the local needs assessment. This process results in Regional Priority Reports across the behavioral health service continuum. These reports are presented to DMHAS staff at regional meetings, providing an opportunity for dialogue between the department and regional stakeholders. From the regional reports, a synthesized statewide priority report is created that examines cross regional priorities and solutions. The statewide report is shared and discussed with the Adult Mental Health Planning Council, the Mental Health and Addiction Services State Board and the Commissioner's executive group. DMHAS uses this report, along with other strategic documents, in its biennial budget development process.

Preliminary findings from the **2010 Priority Setting** process include:

- limited availability of residential rehabilitation levels of care (i.e., intensive, intermediate including women specialty programs and long term), ambulatory detoxification, co-occurring residential, case management, and sober and recovery houses;
- barriers seen as always or often hindering access to treatment or recovery are lack of safe, affordable housing, client engagement and lack of transportation.

Alcohol and Drug Policy Council (ADPC)

The ADPC, a statutorily defined advisory body of state agency representatives, addiction professionals, treatment and prevention providers, persons in recovery and other stakeholders, issued its first Statewide Interagency Substance Abuse Plan in 1999. Since that time significant changes in the landscape of alcohol and drug policy have emerged in Connecticut. To reflect these changes the ADPC in 2005, and again in 2006, issued to the Governor and the Legislature its annual report containing "policy papers" reflecting priority areas in the prevention and treatment of substance use and addiction.

The 2006 priority areas identified included the following topics: 1) screening, brief intervention and referral; 2) developing housing options for offenders re-entering the community; 3) recovery and recovery supports; 4) health disparities; 5) school, community and family partnerships for substance abuse prevention; and 6) gender-responsive and trauma-informed services for women.

In 2008, the ADPC began the process of identifying and reviewing priority policy areas once again. Committees were established in the following priority areas to review, discuss, and make recommendations: 1) workforce development; 2) special populations, in particular older adults, adolescents, family-based treatment and persons requiring medication-assisted treatment; and 3) removing barriers focusing on the parole population returning to the community; and 4) information coordination across state agencies. A report was issued to the General Assemble and the Governor in February 2009 detailing recommendations in these key policy areas with an update issued in 2010.

As described above, the ongoing planning process is one that incorporates the greatest possible range of information on substance abuse needs. This process of determining the need for treatment and prevention services, and matching those needs to appropriate resources, will continue. The effective deployment of substance abuse services is assured through: a) continued emphasis on accurate treatment demand and utilization data, b) the development of a service system which incorporates levels of care, utilization management, and other care management technologies appropriate for a public system of care, and c) a service system which provides improved access to services, achieves desirable prevention and treatment outcomes, and guarantees services delivered at a fair and reasonable cost to the State.

I. Grant Provisions

The October 2000 Children's Health Care Act, reauthorizing the Substance Abuse and Mental Health Services Administration enacted changes in some of the provisions that were required by

the 1992 Block Grant reauthorization. The most notable changes were:

- The Block Grant requirement that States maintain a $100,000 revolving fund for group homes for recovering substance abusers was made optional so that states can continue such services or use funds to reduce waiting lists for treatment or other services. As part of its vision for a recovery-oriented system of care, DMHAS requested from the federal Center for Substance Abuse Treatment (CSAT) approval to use the revolving fund dollars to support the development of recovery/sober housing in Connecticut. CSAT granted approval in summer 2004.

- The set-aside requirement for specific (discrete) alcohol and drug treatment expenditures was eliminated.

There remains, however, a number of far reaching mandates from the 1992 Block Grant reauthorization. The following represents the major requirements that must be met by the State in the use of Block Grant funds:

- Obligate and expend each year's SAPT Block Grant allocation within two federal fiscal years.
- Maintain aggregate State expenditures for authorized activities that are no less than the average level of expenditures for the preceding two State fiscal years.
- Maintain a minimum level of State-appropriated funds for tuberculosis (TB) services for substance abuse treatment clients.
- Expend not less than 20% of the allocated funds for programs providing primary prevention activities.
- Expend not less than 2%, but up to 5%, of the allocated funds for existing treatment programs to provide early HIV intervention services including: a) pre/post test counseling, b) testing for the AIDS virus, and c) referral to therapeutic services if the state has an HIV rate greater than 10 per 100,000. Connecticut continues to have a HIV rate greater than 10/100,000 persons (CT rate of **10.1** per 100,000 or 286 cases in 2008) requiring it to set aside SAPT Block Grant funds for early intervention services in one or more substance abuse treatment sites.
- Maintain the availability of treatment services designed for pregnant and parenting women, spending 10% of the Block Grant award above the FFY 1992 level.
- Make available prenatal care and childcare to pregnant women and women with dependent children who are receiving treatment services under the program expansion funds.
- Assure that preferential access to treatment is given to substance abusing pregnant women.
- Require that substance abusing pregnant women denied access to substance abuse treatment services be provided interim services, including TB and HIV education and counseling, referral to TB and HIV treatment, if necessary, and referral to prenatal care.
- Establish a management capacity program which shall include notification of programs serving injecting drug users upon reaching 90% capacity.
- Require that those individuals on waiting lists who are injecting drug users be provided interim services, including TB (2.7 per 100,000 or 95 cases in 2009) and HIV education

and counseling, and testing, if so indicated.

- Ensure that programs funded to treat injecting drug users conduct outreach to encourage such persons to enter treatment.
- Submit an assessment of statewide and locality-specific need for authorized SAPT Block Grant activities.
- Coordinate with other appropriate services, such as primary health care, mental health, criminal justice, etc.
- Have in place a system to protect patient records from inappropriate disclosure.
- Provide for an independent peer review system that assesses the quality, appropriateness, and efficacy of SAPT Block Grant-funded treatment services.
- Require SAPT Block Grant-funded programs to make continuing education available to their staffs.
- Enforce the State law prohibiting the sale of tobacco products to minors through random, unannounced inspections, in order to decrease the accessibility of tobacco products to those individuals under the age of 18. Connecticut's Synar retailer violation rate was 9.7% in 2009.

The federal SAMHSA, in response to Congressional interest, has established National Outcome Measures (NOMs). The NOMS include a wide range of both prevention and treatment measures designed to determine the impact of services on preventing or treating substance abuse. NOMS reporting became mandatory with the submission of the FFY 2008 SAPT Block Grant application.

The required NOMS include:

- **Employment Status** – Clients employed (full-time or part-time) (prior 30 days) at admission vs. discharge
- **Homelessness** – Clients homeless (prior 30 days) at admission vs. discharge
- **Arrests** – Clients arrested (any charge) (prior 30 days) at admission vs. discharge
- **Alcohol Abstinence** – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge.
- **Drug Abstinence** – Clients with no drug use (all clients regardless of primary problem) (use Any Drug Use in last 30 days field) at admission vs. discharge.
- **Social Support of Recovery** – Clients participating in self-help groups, support groups (e.g., AA NA etc) (prior 30 days) at admission vs. discharge

II. Budget and Program Objective Tables

TABLE A
Substance Abuse Prevention & Treatment Block Grant
Summary of Appropriations and Expenditures

PROGRAM CATEGORY	FFY '09 Expenditure	FFY '10 Estimated Expenditure	FFY '11 Proposed Expenditure
Community Treatment Services	$5,219,594	$5,025,824	$4,995,158
Residential Services	$4,948,883	$5,447,934	$5,485,067
Recovery Support Services	$2,905,437	$2,986,492	$2,987,259
Prevention & Health Promotion	$4,852,142	$4,740,324	$4,482,023
TOTAL	**$17,926,056**	**$18,200,574**	**$17,949,507**
SOURCE OF FUNDS	**Sources of FFY 09 Allocations**	**Sources of FFY 10 Allocations**	**Sources of FFY 11 Allocations**
Block Grant	$16,808,904	$17,071,088	$17,071,088
Carry Forward From Previous Year	$4,249,479	$3,132,327	$2,002,841
TOTAL FUNDS AVAILABLE	**$21,058,383**	**$20,203,415**	**$19,073,929**

TABLE B-1
Substance Abuse Prevention & Treatment Block Grant
Program Expenditures - Community Treatment Services

Community Treatment Services	**FFY '09 Expenditure**	**FFY '10 Estimated Expenditure**	**FFY '11 Proposed Expenditure**
Number of Positions (FTE)			
Personal Services			
Fringe Benefits			
Other Expenses			
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies	$5,219,594	$5,025,824	$4,995,158
TOTAL EXPENDITURES	**$5,219,594**	**$5,025,824**	**$4,995,158**
	Sources of FFY 09 Allocations	**Sources of FFY 10 Allocations**	**Sources of FFY 11 Allocations**
Carry Forward Funds	$4,249,479	$3,132,327	$2,002,841
Federal Block Grant Funds	$970,115	$1,893,497	$2,992,317
TOTAL SOURCES OF FUNDS	**$5,219,594**	**$5,025,824**	**$4,995,158**

TABLE B-2
Substance Abuse Prevention & Treatment Block Grant
Program Expenditures - Residential Services

Residential Services	**FFY '09 Expenditure**	**FFY '10 Estimated Expenditure**	**FFY '11 Proposed Expenditure**
Number of Positions (FTE)			
Personal Services			
Fringe Benefits			
Other Expenses			
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies	$4,948,883	$5,447,934	$5,485,067
TOTAL EXPENDITURES	**$4,948,883**	**$5,447,934**	**$5,485,067**
	Sources of FFY 09 Allocations	**Sources of FFY 10 Allocations**	**Sources of FFY 11 Allocations**
Carry Forward Funds			
Federal Block Grant Funds	$4,948,883	$5,447,934	$5,485,067
TOTAL SOURCES OF FUNDS	**$4,948,883**	**$5,447,934**	**$5,485,067**

TABLE B-3
Substance Abuse Prevention & Treatment Block Grant
Program Expenditures- Recovery Support Services

Recovery Support Services	**FFY '09 Expenditure**	**FFY '10 Estimated Expenditure**	**FFY '11 Proposed Expenditure**
Number of Positions (FTE)			
Personal Services			
Fringe Benefits			
Other Expenses			
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies	$2,905,437	$2,986,492	$2,987,259
TOTAL EXPENDITURES	**$2,905,437**	**$2,986,492**	$2,987,259
	Sources of FFY 09 Allocations	**Sources of FFY 10 Allocations**	**Sources of FFY 11 Allocations**
Carry Forward Funds			
Federal Block Grant Funds	$2,905,437	$2,986,492	$2,987,259
TOTAL SOURCES OF FUNDS	**$2,905,437**	**$2,986,492**	**$2,987,259**

TABLE B-4
Substance Abuse Prevention & Treatment Block Grant
Program Expenditures - Prevention & Health Promotion

Prevention & Health Promotion	**FFY '09 Expenditure**	**FFY '10 Estimated Expenditure**	**FFY '11 Proposed Expenditure**
Number of Positions (FTE)			
Personal Services			
Fringe Benefits			
Other Expenses			
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies	$4,852,142	$4,740,324	$4,482,023
TOTAL EXPENDITURES	**$4,852,142**	**$4,740,324**	**$4,482,023**
	Sources of FFY 09 Allocations	**Sources of FFY 10 Allocations**	**Sources of FFY 11 Allocations**
Carry Forward Funds			
Federal Block Grant Funds	$4,852,142	$4,740,324	$4,482,023
TOTAL SOURCES OF FUNDS	**$4,852,142**	**$4,740,324**	**$4,482,023**

TABLE C
SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT:
SUMMARY OF SERVICE OBJECTIVES AND ACTIVITIES
SAPT FUNDED PROGRAMS[1] – STATE FISCAL YEAR 2010 (April 2009 –March 2010)

Service Category	Objective	Activity	Treatment Episodes [2]/	Individuals
Community Treatment Services	To ensure that treatment services are available in the community and are consistent with the needs of the individual seeking treatment in order to reduce the negative consequences of alcohol and other drug use and abuse.	**Opioid replacement therapy and Ambulatory drug detoxification** Individuals who are addicted to heroin and other opiates are given medication, counseling services and management of withdrawal (ambulatory detoxification) in a non-residential setting.	14,053	12,322
		Alcohol and drug outpatient Provided in or near to the community the individual lives in, these programs provide a range of therapeutic services including individual, group and family counseling. Some outpatient programs are designed to treat patients who have special needs such as parenting women or those with co-occurring mental health problems. Most often, these specialty programs provide more intensive outpatient services.	22,421	18,942

[1] Program statistics represent all clients served in DMHAS funded programs (excludes DMHAS–operated programs) of which SAPT block grant dollars represent a portion.
[2] Treatment episode is defined as anyone receiving care during the report period which is April 1, 2009 through March 31, 2010. This is a duplicative number as a person may be admitted to more than one level of care or have repeat admissions to the same level of care or receive ongoing treatment (such as opioid replacement therapy, i.e. Methadone Maintenance.)

TABLE C
SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT:
SUMMARY OF SERVICE OBJECTIVES AND ACTIVITIES
SAPT FUNDED PROGRAMS[1] – STATE FISCAL YEAR 2010 (April 2009 –March 2010)

Service Category	Objective	Activity	Treatment Episodes [2]/	Individuals
Residential Services	To significantly impact levels of dysfunction due to substance abuse through the provision of remedial health care, and psychosocial and supportive services appropriate to the needs of substance abusers, their families, and significant others.	To ensure that a continuum of substance abuse treatment services is available throughout the State. This continuum must be consistent with the needs of the individual seeking treatment, providing the appropriate level of residential care needed to promote a sustained recovery. To maintain a variety of treatment options through the following service modalities: **Residential detoxification** Alcohol and opiate addicted individuals whose severity of use requires medical supervision are best treated in a residential detoxification program. Detoxification is sometimes seen as a distinct treatment level of care but is more appropriately considered a precursor of treatment, as it is designed to deal with the acute physical effects of drug abuse. Upon treatment completion, these individuals are most often referred to other treatment services to continue their recovery.	8,465	5,858

TABLE C
SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT:
SUMMARY OF SERVICE OBJECTIVES AND ACTIVITIES
SAPT FUNDED PROGRAMS[1] – STATE FISCAL YEAR 2010 (April 2009 –March 2010)

Service Category	Objective	Activity	Treatment Episodes [2]/	Individuals
Residential Services (continued)		**Alcohol and drug residential care** Residential treatment services are conducted in a 24-hour structured, therapeutic environment for varying lengths of stay consisting of a few weeks to months. Treatment focuses on helping individuals examine beliefs, self-concepts and patterns of behavior which promote drug-free lives. Some residential programs provide or have referral linkages to other support services such as job training or housing.	6,757	5,497

TABLE C
SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT:
SUMMARY OF SERVICE OBJECTIVES AND ACTIVITIES
SAPT FUNDED PROGRAMS – STATE FISCAL YEAR 2009

Service Category	Objective	Services	Clients Served
Prevention and Health Promotion	To deliver timely, efficient, effective, developmentally appropriate, and culturally sensitive prevention strategies, practices, and programs, through a network of skilled service providers and use of evidence-based practices.	Apply evidence-based interventions to populations across the lifecycle through the Best Practices initiative.	35,517
		Develop and implement universal, municipal-based alcohol and other drug prevention initiatives with the help of the Chief Elected Official through Local Prevention Councils.	62,496
		Deliver effective substance abuse prevention and/or mental health promotion services through the Strategic Prevention Framework.	212,014
		Prevent the sale of tobacco products to minors through education of tobacco merchants, children and the general public about the laws prohibiting the sale of tobacco products to youth under the age of 18.	Education: 772 Merchant Inspections: 1,977
		Disseminate information via print and electronic media on substance abuse, mental health and other related issues through the Connecticut Clearinghouse.	Direct Service: 5,878 Print/Electronic Media: 2,617,858
		Provide consultation, technical assistance and training to individuals, collaboratives and organizations on asset building and resiliency technologies through the Connecticut Assets Network.	1,313

TABLE C
SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT:
SUMMARY OF SERVICE OBJECTIVES AND ACTIVITIES
SAPT FUNDED PROGRAMS – STATE FISCAL YEAR 2009

Service Category	Objective	Services	Clients Served
		Infuse evidence-based principles and other best practices in current training and technical assistance efforts directed at schools, colleges, workplaces, media and communities through the Governor's Prevention Partnership.	Direct Service: 4,790 Print/Electronic Media: 36,629
		Provide technical assistance to programs on workforce development and developing and delivering culturally appropriate programming through the Multicultural Leadership Institute.	Direct Service: 1,904 Print/Electronic Media: 114,412
		Assist providers/local communities in assessing prevention needs and coordinating resources to address these needs through 14 Regional Action Councils.	Direct Service: 243,195 Print/Electronic Media: 1,101,809
		Deliver training and technical assistance to substance abuse and mental health practitioners through the Training Collaborative.	713
		Build the capacity of communities to promote the mental health and wellness of youth using evidence-based, youth driven, positive community youth development approaches through the CT Youth Suicide Prevention Initiative.	3,366

III. ALLOCATIONS BY PROGRAM CATEGORIES

Substance Abuse Prevention and Treatment Block Grant
List of Block Grant Funded Programs
FFY 2010 Estimated Expenditures and FFY 2011 Proposed Expenditures

Title of Major Program Category	FFY 10 Estimated Expenditures (including carry forward funds)	FFY 11 PROPOSED Expenditures (including carry forward funds)
Community Treatment Services	$5,025,824	$4,995,158
Residential Treatment	$5,447,934	$5,485,067
Recovery Support Services	$2,986,492	$2,987,259
Prevention & Health Promotion	$4,740,324	$4,482,023
TOTAL	**$18,200,574**	**$17,949,507**

Community Treatment Services	FFY 10 Estimated Expenditures (including carry forward funds)	FFY 11 PROPOSED Expenditures (including carry forward funds)
Outpatient	$2,924,825	$2,895,704
Methadone Maintenance	$2,100,999	$2,099,454
TOTAL	**$5,025,824**	**$4,995,158**

Residential Treatment	FFY 10 Estimated Expenditures (including carry forward funds)	FFY 11 PROPOSED Expenditures (including carry forward funds)
Residential Detox	$1,688,109	$1,711,589
Residential Intensive	$338,620	$338,620
Residential Long Term Treatment	$2,724,770	$2,738,423
Shelter	$696,435	$696,435
TOTAL	**$5,447,934**	**$5,485,067**

Recovery Support Services	FFY 10 Estimated Expenditures (including carry forward funds)	FFY 11 PROPOSED Expenditures (including carry forward funds)
Case Management and Outreach	$2,876,303	$2,877,070
Vocational Rehab	$65,219	$65,219
Ancillary Services	$44,970	$44,970
TOTAL	**$2,986,492**	**$2,987,259**

Prevention & Health Promotion	FFY 10 Estimated Expenditures (including carry forward funds)	FFY 11 PROPOSED Expenditures (including carry forward funds)
Primary Prevention	$4,637,324	$4,482,023
Prevention Contracts	$103,000	$0
TOTAL	**$4,740,324**	**$4,482,023**